

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 0 2 0

2. STATE:

Iowa

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

September 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 440, Subpart B

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0  
b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 28c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1-A, page 28c (MS-85-37)

10. SUBJECT OF AMENDMENT:

Change in limitations for services provided by ambulatory surgical centers

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Jessie K. Rasmussen

14. TITLE:

Director

15. DATE SUBMITTED:

August 1, 2001

7-30-01

16. RETURN TO:

Director  
Department of Human Services  
Hoover State Office Building  
Des Moines, IA 50319-0114

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

08/06/01

18. DATE APPROVED:

AUG 29 2001

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

09/01/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Nanette Foster Reilly

22. TITLE:

Acting ARA for Medicaid & State Operations

23. REMARKS:

Rasmussen  
Anderson

SPA-CONTROL

Date Submitted: 08/01/01

Date Received: 08/06/01

## LIMITATIONS ON SERVICE

## 9. AMBULATORY SURGICAL CENTERS

1. The nonprofessional services associated with same-day services provided by ambulatory surgical centers are the same as those covered by Medicare, regardless of whether the professional services are covered by Medicare. Covered procedures are subject to the same limitations in Attachment 3.1-A, item 5 and item 10.
2. Certain frequently performed surgical procedures are subject to pre-procedure review by the Iowa Foundation for Medical Care to determine necessity based on established criteria. If approval is not given, payment will not be made to the physician or to the facility that provided the service.

State Plan TN # MS-01-20Superseded TN # MS-85-37

Effective

Approved

AUG 29 2001